

(p. 258). That this could take on the functions of the soul was recognized (and welcomed). François Azouvi examines the work of Pierre Cabanais. Drawing from his predecessors, Cabanais distinguished physical man from moral or interior man, whose nature resides in the brain. Since the brain acts upon the other organs, then the physical/moral relationship is essentially physical (p. 272). This new type of dualism led to the “physical/psychological dualism” of twentieth-century psychology (pp. 278–9). Although there are absent friends (Neoplatonism and Avicenna, for example), and Galen’s work and influence would have been better handled in a separate chapter, this book is a thoughtful introduction to the soul-body relationship and its continuing relevance.

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William G Naphy, *Plagues, poisons and potions: plague-spreading conspiracies in the western Alps c. 1530–1640*, Social and Cultural Values in Early Modern Europe, Manchester University Press, 2002, pp. xiii, 242, £55.00 (hardback 0-7190-4640-8), £16.99 (paperback 0-7190-4641-6).

Plagues, poisons and potions is a thorough-going description of the deliberations, legislation, and conspiracies in Geneva during plague time taken from two sources: criminal records, which begin in 1390, and the minutes of the city council, which begin in 1409. Naphy’s analysis stretches from the earliest references to plague in these sources (1459) to the plague’s final assault in 1640. He argues persuasively against common assumptions that conspiracies to spread plague in the sixteenth and seventeenth centuries were coupled with and dependent on witchcraft either in the

minds of the accused or the prosecuting bodies. Except for the plague of 1571, where witchcraft became a principal crime, charges of sorcery were altogether missing from the criminal investigations of both earlier and later plagues in Geneva. Instead of depending on the supernatural as with witchcraft prosecutions, the trials of those accused of spreading plague relied on accusations that pinpointed a small and interrelated community of health professionals, principally those who cleaned and cleared the houses of the plague dead, and on physical evidence—boxes of grease concocted from recipes that mixed pus from the buboes of the plague stricken that was allegedly smeared on doors to spread plague. Further, the motivation interpreted by the courts for such atrocities was not the work of Satan or dependent on other supernatural phenomena but instead turned on the mundane—personal profit.

Indeed, Naphy sides with the prosecution, seeing these trials less as figments of the imagination of a war-wearied, plague-battered, religiously intolerant, and paranoid ruling class and more as actual cases of human greed, acts of ambition or survival. First, Naphy argues that consistently, through the sixteenth century, the magistrates rebuked initial accusations of plague spreading and made charges of plague conspiracy only after a large volume of testimony and other circumstantial evidence had been accumulated. Secondly, he claims that torture was not a device to drive such accusations from the mouths of the innocent; rather, it was applied as a last resort, in fact, after a court in the English common law tradition would have already convicted the accused. Thirdly, he shows that those charged with spreading the plague came almost exclusively from the health services, whose employment depended on the plague’s perpetuation. Plague not only afforded them their employment, it gave them free range

over the valuables of the plague stricken. Thus, the trial transcripts report that health workers targeted the homes of the wealthy for the spread of plague, that is, those homes where the pickings would prove the most profitable.

The final chapter of Naphy's analysis branches beyond Geneva, investigating trials, council deliberations, and plague in the nearby cities of Lausanne, Lyons, and Milan. As with Geneva, accusations of plague-spreading centred on the medical and health professions, and profit, not witchcraft, appears as the root cause. As with Geneva, the trials show little evidence of scapegoats, or of stereotypical and supernatural causation. Unlike Geneva, the accused in Milan tended to be male instead of female, but the reasons had to do with the employment of those who cleared the homes of the plague dead and not with witchcraft or other sexual stereotypes. The most basic difference between Geneva and these other cities was in the numbers accused: in Geneva the conspiracies were more common with larger networks of the indicted.

While Naphy's arguments are persuasive, he leaves a number of key questions unexamined: why did these plague-spreading conspiracies not erupt until the 1530s? Why did witchcraft take over as the main conspiracy in the plague of Geneva in 1571? Why did plague-spreading conspiracies largely cease as a major threat in Geneva after 1571? And why were these conspiracies more prevalent in sixteenth-century Geneva than elsewhere? It is to be hoped that Naphy's fine monograph will spark new enquiries into these and other questions, stimulating historians to analyse broad changes and interrelationships in the cultural and medical histories of late medieval and early modern Europe.

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Bryan Hibbard, *The obstetrician's armamentarium: historical obstetric instruments and their inventors*, San Anselmo, CA, Norman Publishing, 2000, pp. x, 324, illus. 502, US\$245.00 (hardback 0-930405-80-3). Orders to: Norman Publishing, PO Box 867, Novato, 94948-0867, USA (Tel.: 415-892-3181; fax: 208-692-7446). E-mail: orders@jnorman.com; website: www.normanpublishing.com.

The historiography of obstetrics has nicely mirrored changing perspectives in the wider history of medicine in the last quarter century. In the mid-1970s there was a choice of sorts between chronologies of instrumentation, such as K Das's *Obstetric forceps: its history and evolution*, first published in 1929, and books such as Harvey Graham's *Eternal Eve* (1950). The history of obstetrics at this time had largely been written by obstetricians and was mainly the history of what they did, that is, interventionist procedures.

Onto this rather lifeless scene came books such as Jean Donnison's *Midwives and medical men* (1977) and Jane Lewis's *The politics of motherhood* (1980). The history of obstetrics was reclaimed, largely by women, for the social history of medicine, itself going from strength to strength at this period. Obstetrics, or rather childbirth, would never be a gender or patient-free zone again. Later came work by Edward Yoxen and others on the social construction of technologies such as obstetric ultrasound, Irvine Loudon's studies of maternal mortality, and Ludmilla Jordanova's insights into the representation of women's bodies in obstetrical literature.

Now, it seems, we have come full circle. An eminent obstetrician, Bryan Hibbard has produced, in a very large book, an exhaustive catalogue of instrumentation, especially that icon of male intervention, the obstetric forceps. It is even called *The obstetrician's armamentarium*. Is this a bad thing? Not at all. Hibbard's book is a